

## **Guidelines for OVHA Coverage**

**Item:** Ventilators and accessories for home use

**Definitions:** A device which provides air flow to an individual who requires mechanical assist to breathe.

Invasive ventilation: ventilator generated breathing through an artificial airway positioned in the trachea.

Noninvasive ventilation: ventilator generated breathing through the upper respiratory tract via mask or mouthpiece.

Negative pressure ventilator: noninvasive device generating air flow by creating negative pressure around the chest. This creates a vacuum, via a chest shell, body tank, or body jacket (American College of Chest Physicians).

Positive pressure ventilator: invasive or noninvasive device that delivers positive pressure gas flow (air or oxygen) to the lungs to a preset volume. Some individuals who can be ventilator-independent for part of the day may use positive pressure ventilation to assist nighttime breathing (Amer. College of Chest Physicians).

Rocking bed: “A bed with a rocking motion [that] assists ventilation by intermittently causing the diaphragm to move up and down...” (Amer. College of Chest Physicians).

**Guidelines:** This device is appropriate for an individual who requires mechanical assist to breathe AND

- Who has had a full evaluation to determine the need for a ventilator, and the most appropriate type of ventilator, with a physician who is active with VT Medicaid and is skilled in pulmonology AND
- Who has been evaluated for strategies to minimize ventilator use (weaning or partial weaning from the ventilator) including breathing techniques and diaphragmatic pacer devices.
- Coverage for a backup ventilator is not covered; however, coverage for a mobile and stationary device can be covered (for example, a ventilator mounted on a wheelchair and one for home usage); also if the individual is determined to have a medical necessity for a positive pressure ventilator for certain times and a negative pressure ventilator for other times can receive coverage for both types of ventilator.

### **Applicable Codes:**

E0450 Volume ventilator, stationary or portable, with backup rate feature, used with invasive interface (eg tracheostomy tube).

E0454 Pressure ventilator with pressure control, pressure support and flow triggering features.

E0457 Chest shell (cuirass). (For use as an interface with negative pressure ventilator).

E0459 Chest wrap. (For use as an interface with negative pressure ventilator).

E0460 Negative pressure ventilator; portable or stationary.

E0461 Volume ventilator, stationary or portable, with backup rate feature, used with noninvasive interface.

E0462 Rocking bed, with or without siderails.

**Cautions:** All efforts should be made to determine if there is potential for full or partial withdrawal from mechanical ventilation, via thorough evaluation by a skilled physician with support from respiratory and/or physical therapists with respiratory expertise. Caregivers must be trained in techniques to sustain breathing (such as use of a bagging device) should there be mechanical failure of the ventilator. The supplier is responsible for ensuring that there is an emergency plan in place in case of mechanical failure and in case of loss of power.

**Examples of Diagnosis:** High level spinal cord injury, chronic respiratory failure due to restrictive or obstructive pulmonary disease, neuromuscular disease.

**Required documentation:**

- Current, complete Certificate of Medical Necessity
- Supporting documentation demonstrating that the individual requires mechanical assist to breathe AND who has had a full evaluation to determine the need for a ventilator, and the most appropriate type of ventilator, with a physician who is active with VT Medicaid and is skilled in pulmonology AND who has been evaluated for strategies to minimize ventilator use (weaning or partial weaning from the ventilator) including breathing techniques and diaphragmatic pacer devices.
- Product information and pricing.
- Coverage for a backup device is not covered; however, coverage for a mobile and stationary device can be covered (for example, a ventilator mounted on a wheelchair and one for home usage); also if the individual is determined to have a medical necessity for a positive pressure ventilator for certain times and a negative pressure ventilator for other times can receive coverage for both types of ventilator. Documentation is required to demonstrate medical necessity for these situations.

**References:**

American College of Chest Physicians, Mechanical Ventilation: Beyond the ICU.

[www.chestnet.org](http://www.chestnet.org).

AHRQ Evidence-based Guidelines for Weaning and Discontinuation of Ventilatory Response.

[www.guideline.gov](http://www.guideline.gov).

Respironics Co. Reimbursement Services: Helpful Hints for Filing. Positive and Negative Pressure Ventilators. [www.respironics.com](http://www.respironics.com).

